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CONFIRMATION NO. 8771

<b>SERIAL NUMBER</b> 09/582,471	<b>FILING OR 371(c) DATE</b> 08/15/2000 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3735	<b>ATTORNEY DOCKET NO.</b> 002659/0040
<b>APPLICANTS</b> DIRK FREUND, KELKHEIM, GERMANY; FRED SCHNAK, KRONBERG, GERMANY; MARTIN GIERSEIPEN, OBERURSEL, GERMANY; FRANK KRESSMANN, SCHWALBACH, GERMANY; BRIGITTE HARTTMANN, NIEDERNHAUSEN, GERMANY;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP98/08429 12/23/1998				
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 197 57 974.4 12/24/1997				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/24/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 16
				<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 26610				
<b>TITLE</b> METHOD AND MEASURING DEVICE FOR DETERMINING BLOOD PRESSURE				
<b>FILING FEE RECEIVED</b> 1650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	